

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



August 19, 2003

ALL COUNTY LETTER NO. 03-38

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKS PROGRAM SPECIALISTS
ALL FOOD STAMP COORDINATORS
ALL REFUGEE COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: RETROACTIVE COST OF LIVING ADJUSTMENT (COLA)
INCREASE TO THE CalWORKs MINIMUM BASIC STANDARD
OF ADEQUATE CARE (MBSAC) LEVELS

REFERENCE: WELFARE & INSTITUTIONS CODE (W & I) SECTION 11453
AND ALL COUNTY LETTER (ACL) 03-26

The purpose of this ACL is to issue instructions for the implementation of retroactive MBSAC levels. W & I Code Section 11453 required a 2002-2003 MBSAC COLA adjustment effective on October 1, 2002. The 2002-2003 MBSAC COLA was initially thought to have been suspended along with the COLA for the CalWORKs grant payments. However, upon further review, it has been determined that the MBSAC COLA for this period had not been suspended. Therefore, instructions to implement this COLA were not issued until the Maximum Aid Payment COLA implementation procedures were sent to counties via ACL 03-26. The California Department Social Services (CDSS) has initiated steps to locate and reimburse those potential recipients whose eligibility may have been affected by the delay in the MBSAC adjustment. The request period for retroactive benefits will begin with a statewide mailing of informing notices in August 2003. Since ACL 03-26 implemented the correct MBSAC levels as of June 16, 2003, the request period for retroactive benefits covers October 1, 2002, thru July 2003.

INFORMING NOTICE

CDSS has developed an informing notice TEMP 2216 which will be mailed to all current Medi-Cal recipients by the Department of Health Services in August 2003. The informing notice asks potential recipients 1) if they applied for aid during the period October 1, 2002, through July 2003, and 2) was the California Work Opportunity and Responsibility to Kids (CalWORKs) application denied due to income. If the potential recipient answers "yes" to both questions, the notice instructs them to contact the County Welfare Department (CWD) where they were denied CalWORKs cash aid due to excess income. It is the potential recipient's responsibility to contact the CWD.

Counties are not required to mail the informing notice to CalWORKs recipients nor are counties required to do any type of manual case search to identify potential recipients. CDSS will issue a poster for counties to place in conspicuous locations viewable by recipients in all CWDs and food stamp outlets. The poster is to remain posted for a three month minimum period.

REQUEST PROCESS

If a potential recipient believes they were income eligible during the time the MBSAC was not at the appropriate level, they are required to contact the county to receive a request form. It is the potential recipient's responsibility to submit a request form to each county in which they believe they were erroneously denied aid due to excess income. However, CWDs should assist the potential recipients in identifying the county to which their request form should be mailed. A copy of a recommended request form is provided as an attachment to this ACL. Counties are allowed to develop their own request form as long as it contains this information.

The county is to issue a request form immediately to anyone who requests it in person. If the request is made by mail, counties should attempt to mail the request form within 5 days of receipt of the request. The CWDs will have 30 days from the receipt of the request form to ask for any additional necessary information and 30 days after the receipt of a completed request form (including any such additional necessary information) to approve or deny a request.

As mandated in W & I Code Section 10851, CWDs are required to keep records, including denied applications, for a three year period. Therefore, when a potential recipient requests a review of their "original application" concerning this subject, counties are to review and research all available and relevant records to validate the request.

However, if documentation relating to income eligibility requirements has been lost or is no longer in the county's possession, the county is to re-take the application and look at the initial application for income eligibility. If the potential recipient has the supporting documentation available for the "original application" period, it should be submitted along with the new application. However, if the potential recipient no longer has any supporting documentation, a statement from the recipient explaining that they were unable to locate documentation along with the new application is sufficient to grant aid unless the CWD has contrary evidence. If a county has evidence that the declaration is inaccurate, the CWD is to deny their request. If the county believes better information is available to the potential recipient, the CWD can request that information.

ELIGIBILITY OF SUBSEQUENT MONTHS

The CWDs is to use the request form as the potential recipient's request for review of eligibility for subsequent months. Although the potential recipient's request form is approved, it only establishes eligibility for the previously denied initial month of application. To establish eligibility for any subsequent month following the approval of the "original" application, the recipient will be required to provide the necessary

information and documentation for each individual subsequent month. However, if the potential recipient's "original application" is re-evaluated and still denied due to excess income, the county is not to establish eligibility for any subsequent months.

The CWD is to use the standard CW 7/SAWS 7 as the method to document and approve each individual subsequent month. It is the recipient's responsibility to provide the county with the relevant and necessary information needed to determine eligibility for all subsequent months to which the recipient believes they were eligible for. The recipient will have 45 days in which to provide the appropriate documentation to the county for the establishment of eligibility for the subsequent months.

CALCULATION OF RETROACTIVE BENEFITS

The amount of the retroactive and corrective underpayment is equivalent to the amount of CalWORKs benefits to which the potential recipient would have been entitled to had the correct MBSAC levels been applied beginning October 1, 2002.

If it is determined that a potential recipient had been inappropriately denied CalWORKs benefits due to their income exceeding the lower MBSAC levels, the county shall approve the "former" application and follow the standard recipient process including applying all appropriate income disregards and eligibility factors. The county is to then reconstruct on a monthly basis, the appropriate aid payments using all existing income and eligibility factors **only** if the potential recipient had not been receiving CalWORKs during October 1, 2002 to the date the respective CWD implemented ACL 03-26.

Example:

A family of three applies for CalWORKs in November 2002. The applicants were denied aid due to the fact that their income exceeded CalWORKs MBSAC levels. In March 2003, the family reapplies for aid and is approved. The family is currently receiving CalWORKs. In August 2003, the family requests that their original application from November 2002 be reviewed. After reviewing the request, the county determines that the November 2002 application was inappropriately denied and should have been approved with the correct MBSAC levels. The county calculates what the aid payment should have been for November 2002. Then the county reviews income and eligibility factors provided by the recipient for the months of December 2002 to February 2003 and determines that eligibility existed for those additional months. Retroactive benefits are issued to the recipient for the months of November 2002 to February 2003.

Example:

A family of three applies for CalWORKs in October 2002. The applicants were denied aid due to the fact that their income exceeded CalWORKs MBSAC levels. The family never reapplied for aid. In August 2003, the family requests that their original application from October 2002 be reviewed. After reviewing the request, the county determines that the October 2002 application was

inappropriately denied and should have been approved with the correct MBSAC levels. The county calculates what the aid payment should have been for October 2002. Then the county reviews income and eligibility factors provided by the recipient for the months of December 2002 to August 2003 and determines that eligibility only exists for December and January. Retroactive benefits are issued to the recipient for the months of October 2002 to January 2003.

CalWORKs RETROACTIVE BENEFITS

In accordance with Manual of Policies and Procedures (MPP) Section 44-340.6, CalWORKs corrective underpayments are not to be considered income in the month received nor considered a resource the following month for purposes of determining continued eligibility and aid payments. Additionally, MPP Section 44-351.3 requires that CalWORKs underpayments are to be balanced against existing CalWORKs overpayments.

Any aid a recipient received for a month, even a retroactive lump sum payment, shall be counted against both the recipient's TANF and CalWORKs 60-month time limit.

FOOD STAMPS

Retroactive lump sum payments from the CalWORKs program are counted as a resource in the month received in accordance with MPP 63-501.111.

FISCAL CLAIMING INSTRUCTIONS

Any approved underpayments are to be reported on the appropriate assistance claim form as a prior month supplemental payroll.

FORMS AND NOTICES

The following attachments are provided in this ACL:

MBSAC Levels Charts (Attachment 1A and 1B)
Informing Notice (TEMP 2216)
Request Form (TEMP 2217)
Request Form Denial NOA
Underpayment NOA
Poster

The Notices of Action will be produced in English, Spanish, Vietnamese, Chinese and Russian.

CONTACTS

If you have any questions regarding CalWORKs MBSAC increases or CalWORKs underpayments, please contact Eden-Marie Eulingborough at (916) 653-4992. For questions regarding CalWORKs forms and notices, please contact Shawn Bradley at (916) 653-8675. For questions regarding treatment of the underpayments in the Food Stamp Budget, you may contact Rosemary Akhidenor at (916) 654-2116. For questions regarding fiscal claiming should be addressed to your Fiscal Policy Bureau at (916) 654-3440.

Sincerely,
Original document signed by
Bruce Wagstaff
August 19, 2003
BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

c: CWDA
CSAC

Attachments

CalWORKs PAYMENT STANDARDS
Effective June 1, 2003 *
Region 1

ATTACHMENT 1A

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non- Exempt	MBSAC	Housing	Utilities	Food	Clothing	80% of MAP Exempt Assistance Units	80% of MAP Non- Exempt Assistance Units
1	387	349	439	198	41	109	34	310	279
2	636	568	719	265	47	233	64	509	454
3	786	704	891	289	50	298	96	629	563
4	935	839	1,060	304	53	369	129	748	671
5	1,065	954	1,209	304	53	446	162	852	763
6	1,196	1,072	1,359	304	53	516	193	957	858
7	1,314	1,178	1,493	304	53	575	228	1,051	942
8	1,434	1,283	1,626	304	53	630	254	1,147	1,026
9	1,548	1,386	1,763	304	53	692	292	1,238	1,109
10	1,663	1,489	1,913	304	53	747	321	1,330	1,191
More than 10	1,663	1,489	Add \$16 for each extra person					1,330	1,191

*** MBSAC levels are retroactive effective October 1, 2002.**

CalWORKs PAYMENT STANDARDS
Effective June 1, 2003 *
Region 2

ATTACHMENT 1B

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non- Exempt	MBSAC	Housing	Utilities	Food	Clothing	80% of MAP Exempt Assistance Units	80% of MAP Non- Exempt Assistance Units
1	368	331	417	189	41	109	34	294	265
2	606	540	684	251	47	233	64	485	432
3	750	671	848	275	50	298	96	600	537
4	891	799	1,008	289	53	369	129	713	639
5	1,017	909	1,149	289	53	446	162	814	727
6	1,141	1,021	1,292	289	53	516	193	913	817
7	1,254	1,119	1,418	289	53	575	228	1,003	895
8	1,365	1,221	1,546	289	53	630	254	1,092	977
9	1,477	1,320	1,675	289	53	692	292	1,182	1,056
10	1,585	1,417	1,820	289	53	747	321	1,268	1,134
More than 1	1,585	1,417	Add \$16 for each extra person					1,268	1,134

*** MBSAC levels are retroactive effective October 1, 2002.**

WELFARE MAY OWE YOU MONEY

State law has changed. You can have more income and still get CalWORKs cash aid. This notice is about possible CalWORKs back cash aid.

- 1. Did you apply for and were denied cash aid between October 2002 and July 2003?**
- 2. Did you have income which caused your denial for cash aid?**

If you can answer Yes to both questions, you may be eligible for back CalWORKs cash aid. To find out, ask the county that denied your application.

ES POSIBLE QUE LA ASISTENCIA PUBLICA LE DEBA DINERO

La ley estatal ha cambiado. Usted puede tener más ingresos y continuar recibiendo asistencia monetaria del Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs). Esta notificación es acerca de la posibilidad de recibir asistencia monetaria retroactiva de CalWORKs.

- 1. ¿Presentó una solicitud para asistencia monetaria y le fue negada durante el período de octubre de 2002 a julio de 2003?**
- 2. ¿Tuvo usted ingresos que fueron el motivo para que le negaran asistencia monetaria?**

Si puede contestar “Sí” a las dos preguntas, es posible que usted sea elegible para recibir asistencia monetaria retroactiva de CalWORKs. Para saber si es así, pregúntele al Condado que negó su solicitud.

If you need assistance in understanding this notice, contact your worker.

Chinese

假如你需要人幫助你瞭解這份通知，請跟你的工作人員連絡。

Russian

Если вы не поняли это извещение и вам нужна помощь, обратитесь к работнику, ведущему ваше дело.

Vietnamese

Nếu quý vị cần giúp đỡ trong việc đọc và hiểu thông báo này, xin liên lạc với nhân viên phụ trách của quý vị.

REQUEST FOR BACK CASH AID

1. NAME OF THE CARETAKER RELATIVE

2. BIRTHDAY OF CARETAKER RELATIVE

3. SOCIAL SECURITY NUMBER OF CARETAKER RELATIVE

4. CURRENT ADDRESS

5. CASE NUMBER *(IF KNOWN)*

6. DATE OF REQUEST

7. THE MONTH OR MONTHS WHICH THE CLIENT WANTS REVIEWED FOR INCOME ELIGIBILITY

This form will be used to request back cash aid for a month or months when your application was denied due to excess income.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

DENY - FINANCIAL ELIGIBILITY

(ADDRESSEE)

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the county has denied your request for back cash aid.

Here's Why:

- ☐ Between October 2002 and July 2003, you were denied cash aid because you had too much income. State law changed raising the amount of income applicants can make and be eligible for cash aid. After reviewing your application using the higher amounts allowed, your income is still more than the need standard set by the State for a family of your size.
- ☐ You did not apply for cash aid between October 2002 and July 2003.
- ☐ You were denied because you had property that was worth more than the allowed limits.
- ☐ You were denied because you failed to provide information or proof needed to determine your eligibility.
- ☐ You were denied because there was no eligible child(ren) living in the home.
- ☐ Other:

Family's Total Earned Income

(Assistance Unit + Non-Assistance Unit Members) . \$ _____

\$90 Disregard for each employed person - _____

Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____

(A) Net Countable Income = _____

Family Needs

Basic Need for _____ Persons

(Assistance Unit + Non-Assistance Unit Members) . \$ _____

Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____

(B) Family Needs = _____

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.1.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

Underpayment Amount Owed
(For Underpayments Occurring on or after 1-1-98)

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____

Underpayment Month and Year: _____

(A) Net Countable Income					
Total Business Income	\$				
Business Expenses					
a. 40% Standard OR	-				
b. Actual	-				
Net Earnings from Self Employment	=				
Total Disability-Based Unearned Income (Assistance Unit (AU) + Non Assistance Unit (Non-AU) Members)	\$				
\$225 Disregard	-				
Nonexempt Unearned Disability-Based Income OR	=				
Unused Amount of \$225 Disregard	=				
Total Earned Income	\$				
Net Earnings from Self-Employment (from above)	+				
Subtotal	=				
Unused Amount of \$225 Disregard	-				
Subtotal	=				
Earned Income Disregard 50%	-				
Subtotal	=				
Nonexempt Unearned Disability-Based Income (from above)	+				
Other Nonexempt Income (AU + Non-AU Members)	+				
Net Countable Income	=				
(B) Correct Cash Aid Payment					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	()	()	()	()	()
Special Needs (AU + Non-AU Members)	+				
Net Countable Income From Section A	-				
Subtotal A	=				
Maximum Aid Payment (MAP) (AU Only)	\$				
Special Needs (AU only)	+				
Subtotal B	=				
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$				
(C) Child Support Penalty Adjustment					
25% Child Support Penalty	-				
Subtotal C	=				
(D) Adjustments					
a. Additional 25% Child Support Penalty	-				
b. Overpayment	-				
c. Cal-Learn Penalty	-				
d. Cal-Learn Bonus	+				
Adjusted Cash Aid:	Subtotal D	=			
(E) Underpayment					
Correct Cash Aid Amount	\$				
Cash Aid Paid To You	-				
Subtotal E	=				
Amount of Underpayment for Each Month	=				

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-340.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

TOTAL UNDERPAYMENT (All Months) \$ _____

YOUR HEARING RIGHTS

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If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

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If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

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HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

WELFARE MAY OWE YOU MONEY

State law has changed. You can have more income and still get CalWORKs cash aid. This notice is about possible CalWORKs back cash aid.

- 1. Did you apply for and were denied cash aid between October 2002 and July 2003?**
- 2. Did you have income which caused your denial for cash aid?**

If you can answer Yes to both questions, you may be eligible for back CalWORKs cash aid. To find out, ask the county that denied your application.

ES POSIBLE QUE LA ASISTENCIA PUBLICA LE DEBA DINERO

La ley estatal ha cambiado. Usted puede tener más ingresos y continuar recibiendo asistencia monetaria del Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs). Esta notificación es acerca de la posibilidad de recibir asistencia monetaria retroactiva de CalWORKs.

1. ¿Presentó una solicitud para asistencia monetaria y le fue negada durante el período de octubre de 2002 a julio de 2003?
2. ¿Tuvo usted ingresos que fueron el motivo para que le negaran asistencia monetaria?

Si puede contestar “Sí” a las dos preguntas, es posible que usted sea elegible para recibir asistencia monetaria retroactiva de CalWORKs. Para saber si es así, pregúntele al Condado que negó su solicitud.

If you need assistance in understanding this notice, contact your worker.

Chinese

假如你需要人幫助你瞭解這份通知，請跟你的工作人員連絡。

Russian

Если вы не поняли это извещение и вам нужна помощь, обратитесь к работнику, ведущему ваше дело.

Vietnamese

Nếu quý vị cần giúp đỡ trong việc đọc và hiểu thông báo này, xin liên lạc với nhân viên phụ trách của quý vị.